

## **“DIVERSITY: COMING SOON”**

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In March of 2019, I visited the American Occupational Therapy Association’s (AOTA) website to refresh my memory of the organization’s Vision 2025; meant to provide aspirational guidance to its members. Its five pillars read as follows:

“Effective: Occupational therapy is evidence based, client centered and cost-effective

Leaders: Occupational therapy is influential in changing policies, environments, and complex systems.

Collaborative: Occupational therapy excels in working with clients and within systems to produce effective outcomes.

Accessible: Occupational therapy provides culturally responsive and customized services.

Diversity: *Coming soon*” \*(AOTA, 2019)

\*(image of webpage screenshot included at end of article)

Upon visiting the same page on March 29th of the same year, the diversity bullet now read **“Equity, Inclusion, and Diversity:** We are intentionally inclusive and equitable and embrace diversity in all its forms” (AOTA, 2019). It is unclear how long it took for the diversity bullet to be filled in, it is sheer coincidence that I happened to notice it before it was amended. It was as recently as October of 2018 that the AOTA’s board of directors voted to make the words *diversity* and *inclusive* more explicit. I write this article because as a therapist who began practicing occupational therapy (OT) in late 2018 at the age of thirty-seven, it is in this profession that I have encountered my first instances of overt racial and gender discrimination in a professional setting. According to the Academic Programs Annual Data Report of academic year 2017-2018, occupational therapy students (doctoral, masters and assistantships combined) were 6.3 percent African-American, 6.3 percent Asian, less than 1 percent Native and Pacific Islander, less than 1 percent American Indian or Alaskan Native, 7 percent other and 80 percent White (p. 10) . After the events that spurred the writing of this article, I wondered how a field with such demographics is perceived by prospective students and new clinicians of color?

As an OT graduate student, I discovered and fell in love with the specialty of hand therapy. So enthralled was I with its confluence of neurology, biomechanics and technical expertise that as a fieldwork student, I began designing and 3-D printing devices that I hoped would increase the efficacy of the rehabilitative process and reduce strain on therapists who spend hours a year crafting orthotics at the risk of the same repetitive strain injuries for which they treat their patients. On my fourth day working in a sought-after mentorship, I was taken aside and subjected to an approximately forty minute quasi-intervention by my superior that was framed as a concern for my professional growth and patient safety. The main thrust of this feedback was that I was “overly confident” and needed to learn to “humble myself” in this environment (quoted as heard). One can rightfully assume that perhaps I did in fact have a problem with ego-centric behavior. Maybe I had been given feedback or been reprimanded in the past, and had ignored advice? Keep in mind however that this was four days into my first hand therapist job; my supervisor also mentioned that his South African friend had a similar problem of coming across confident and knowledgeable. To conclude the conversation, I was told that it would be easier to manage me if I were more “passive”.

Again, I would not fault the reader for presuming that these words came at the tail end of a track record of failures on my part to provide the best care. As a new clinician, there were valuable conversations to be had about treatment protocols and rehabilitative guidelines. In light of such feedback, I spent several days agonizing over every action, every conversation with a colleague or patient; striving to understand where I had gone wrong. Interestingly, when I relayed this conversation to my Caucasian husband, his first response was “I would never have received that critique as a man”. Fearing that he was speaking from the biased perspective of being my spouse, I reached out to other friends, all competent professionals working in a variety of disciplines. The responses were unanimous in their horror, confusion and disgust. Ultimately the impact that the “confidence conversation” had on my work performance the next week was deleterious; I became painfully self-conscious, afraid that I was committing another yet-to-be-unearthed professional transgression. I was then censured for displaying a lack of confidence in my treatment planning and corresponding abilities to provide competent care to my patients.

Paradoxically, I would not be writing this article if this was where the critique ended. After all, skewed gender expectations are simply part of life as a female in a patriarchal society no matter the social justice strides of the last century. As I resigned myself to becoming more humble and passive as counseled, I learned that my supervisor was asking his peers if he should mention that my “hair might be too big of a statement for someone new to be making”. This query fascinates me because it suddenly placed the critiques of my behavior from the previous week in a new light. One irony of my circumstance is that the occupational therapy profession prides itself on utilizing a more holistic approach than other medical disciplines. We are taught to consider all aspects of the patient’s/client’s world, from values, spirituality, rituals and socioeconomic status in order to craft the most efficacious client-centered approach possible. How ironic that my OT supervisor was not viewing me with the same lens.

How does my story relate to efforts to diversify the OT workforce? Sadly they are symptoms of a larger problem that encapsulates the issue of a lack of diversity in many workplaces in the United States of America. As a city planner working for a high-profile organization, the subject of my hair and/or personality arose exactly zero times in three years. Compare this to the six days total I spent working as a hand therapist before deciding that, despite my passion and eagerness to succeed, I had encountered an atmosphere that was too toxic to foster significant professional growth without sacrificing my mental health. Scientific studies show that the toll of navigating such race-related societal pitfalls has real implications for the lifespan and health of African-Americans. According to a 2017 study and poll by the Harvard T.H Chan School of Public Health, blacks have poorer health and die sooner than whites in America, in part due to the cumulative experiences of discrimination such as being unfairly stopped by the police, unfair firings, having people act as if they fear you or repeatedly feeling that you are treated with less courtesy than others ( Robert Wood Johnson Foundation, 2017) . Given this state of affairs, I am left questioning if these sorts of experiences are the sort of obstacles I should expect to wrestle with in my professional future or if it is a once in a lifetime occurrence.

It is not sufficient to pat ourselves on the back for interviewing or hiring an applicant of color. African-American women have been labeled many things over the years; they are “too much” of something; too fertile, too loud, too angry, too promiscuous, too fat, too sexual (Ashley, 2014). Take a moment to consider the “professional” critiques that I was given through this hyperbolic lens. Hopefully, it becomes apparent why the focus on my personality with my disruptive hair

becomes not just about the preferences of a single workplace, but rather a potential indictment of my very existence as a woman of color. As an individual of largely West African descent my hair is often styled in an Afro, in the tightly-coiled texture in which it grows out of my scalp. In order to label an Afro a statement, one must be so acclimated to, and oblivious to a certain “baseline” that the sight of my hair would be disconcerting. What is the baseline? Straight, wavy, bouncy, sleek; the hair we see in hair commercials and slick magazine advertisements? Contrary to my supervisor’s presumptions, my Afro is the result of no hidden agenda to seek attention, no special hairspray or pomade; simply a comb. Just as dreadlocks do in fact get washed on a regular basis (a contrary assumption made by yet another supervisor), Afros are not the result of some extra effort to stand out.

In early 2019, the New York City Commission on Human Rights (NYCHR) instituted a law banning hairstyle-based discrimination by employers, schools among other public spaces. The press release for the new law states:

“Bans or restrictions on natural hair or hairstyles associated with Black people are often rooted in White standards of appearance and perpetuate racist stereotypes that black hairstyles are unprofessional. Such policies exacerbate anti-Black bias in employment, in school, while playing sports, and in other areas of daily living” (p.1)

The release goes on further to specify locks, twists, afros, and other hairstyles that have been labelled “disruptive, unhygienic, messy or unkempt” by the supervisors and colleagues of black employees (NYCHRL, 2019).

The fact that the problem’s magnitude requires such a law leaves me wary, and yet hopeful that new levels of awareness can be reached. There is a societal lack of understanding of the extent to which the texture of Black hair has been tamed to adapt to Caucasian standards over the centuries by sizzling hot combs, toxic chemicals that bare the scalp, destroy hair follicles and the millions of dollars spent on wigs and weaves. In 2017 Black consumers spent \$54.4 million dollars on ethnic hair care and beauty aids or 85.65% while making up 14% of the general population (Nielsen, 2018). Although it is now considered trendy to include a model of color with Afro hair in an advertisement, the choice to embrace one’s “natural” hair is still viewed as an act of rebellion by some sectors of the African-American community.

The 2015 Occupational Therapy Code of Ethics states that AOTA members are “committed to promoting inclusion, participation, safety, and well-being for all recipients in various stages of life, health and illness and to empowering all beneficiaries of service to meet their occupational needs”(AOTA, 2015). In the fifteen years of my professional life before coming to the field of OT, I felt empowered to do what gave me joy and took for granted the mental and emotional energy I could focus on honing my craft or technical skills. As a city planner and then as a yoga instructor who specialized in teaching those with paralysis, degenerative nerve conditions and amputations, my coworkers and supervisors judged the quality, quantity and speed of my work or the safety and efficacy of my yoga classes. My value as an employee and colleague was not dependent on whether my personality broached some personal, racially-tinged preference for a passive demeanor or if my hair challenged narrow, ill-informed ideas of how my hair should be styled.

My experiences as an OT thus far have left me disillusioned and despairing. The AOTA’s Board of Directors formally added explicit language about inclusivity to the Vision 2025 statement on November 1st 2018, suggesting that this is still a very novel issue with which the profession as a whole grapples. A full one hundred years of the profession had transpired prior, culminating in

much celebratory fanfare on a national scale in the summer of 2018. . The text on inclusivity states that OT “maximizes health, well-being and quality of life for all people, populations and communities through effective solutions that facilitate participation in everyday living” (AOTA, 2018). In order to effectively execute this component of the vision, it is critical that we first recognize the current professional climate that inevitably results from the dominance of a particular demographic, no matter how uncomfortable. As students of this profession we learn to consider the individual as a dynamic product of their context/environment, occupations, performance patterns, performance skills and client factors (S4, OTPF, 2013). It is this perspective that leads to occupational therapists being prized on interdisciplinary healthcare teams for their ability to consider elements outside the standard medical model that might affect the efficacy and outcomes of care.

As we strive to recruit more students of color, are we considering the tenor of the professional world they are being sent into? This is a question relevant not just to OT, but other disciplines that complain of persistent homogeneity amongst their ranks. The process of recognizing and admitting our conscious and subconscious biases can be difficult, scary and painful. This is probably why many of us avoid it at all costs. A key component of making a profession more attractive to prospective candidates is to educate, hire and retain individuals that reflect the multi-cultural utopia one is seeking to create. Universities and organizations should not simply pat themselves on the back for hiring one more candidate of color or for having a slightly more diverse classroom. If we are to presume that this is where the work ends, it is to embrace a level of naïveté that is untenable in the world we live. The aforementioned experiences in the field thus far have left me incensed and more importantly, disappointed and saddened.

The profession’s seven core values remind us repeatedly to consider all aspects of a patient’s existence in order to treat them with *altruism* and provide *equal* treatment, respect their right to *freedom, justice, dignity* and *truth* while exercising *prudence* (AOTA, 2015). How unfortunate that it appears we struggle to turn the same therapeutic lens onto our colleagues in order to treat them with the dignity and respect that they deserve, no matter their cultural background, skin color, gender or hairstyle.

# VISION 2025

*As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.*

## **Pillars:**

- **Effective:** Occupational therapy is evidence based, client centered, and cost-effective.
- **Leaders:** Occupational therapy is influential in changing policies, environments, and complex systems.
- **Collaborative:** Occupational therapy excels in working with clients and within systems to produce effective outcomes.
- **Accessible:** Occupational therapy provides culturally responsive and customized services.
- **Diversity:** *Coming soon.*

Vision 2025 builds on the work of the [Centennial Vision](#) to guide the profession beyond its 100 year anniversary in 2017. Pillars

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